

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091674279

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		2					53						
4	1		1				54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		2					TOTAL IND.						
TOTAL DEP.		0					TOTAL DEP.						
TOTAL CLAIMS		2					TOTAL CLAIMS						